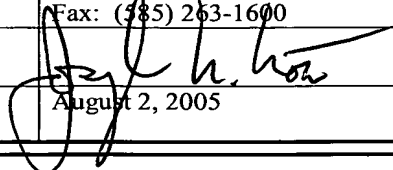
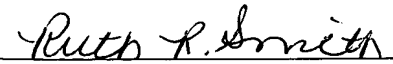




TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/777,516
		Filing Date	February 12, 2004
		First Named Inventor	Apel
		Group Art Unit	1755
		Examiner Name	Karl E. Group
Total Number of Pages in This Submission	9	Attorney Docket Number	20959/2220 (P 63799)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (\$250.00) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (\$____) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$____) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/Incomplete Application (\$____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (\$____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (\$____) (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Check in the amount of \$250.00 <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Joseph M. Noto Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1601 Fax: (585) 263-1600
Signature	 Registration No. 32,163
Date	August 2, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being:	
<input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
<input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____	
August 2, 2005 Date	 Signature Ruth R. Smith Typed or printed name

Effective on 12/08/2004.

Complete if Known

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
FOR FY 2005**

AUG 04 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

ROYALTY AMOUNT OF PAYMENT

(\$250)

Application Number

10/777,516

Filing Date

February 12, 2004

First Named Inventor

Apel

Examiner Name

Karl E. Group

Art Unit

1755

Attorney Docket No.

20959/2220 (P 63799)

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: 14-1138 Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s)
under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-20238.****FEE CALCULATION****1. BASIC FILING, SEARCH AND EXAMINATION FEES**

FILING FEES

SEARCH FEES

EXAMINATION FEES

Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description****Fee (\$)****Small Entity
Fee (\$)**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50

25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200

100

Multiple document claims

360

180

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)****Multiple Dependent Claims****Fee (\$)****Fee Paid (\$)**33

- 28 or HP =

5

x

50

=

250

HP = highest number of total claims paid for, if greater than 20

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**1

- 3 or HP =

0

x

200

=

0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets**Extra Sheets****Number of each additional 50 or fraction thereof****Fee (\$)****Fee Paid (\$)**

- 100 =

/ 50 =

(round up to a whole number)

x

=

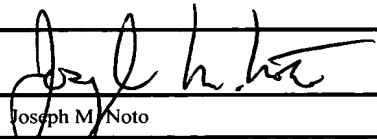
4. OTHER FEE(S)**Fees Paid (\$)**

Non-English Specification,

\$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No. 32,163 (Attorney/Agent)	Telephone (585) 263-1601
Name (Print/Type)	Joseph M. Noto	Date	August 2, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop 1551 Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO aton Fee August 2, 2005Signature: Ruth R. SmithName: Ruth R. SmithSEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



JPW

PATENT
Docket No.: 20959/2220 (P 63799)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) :	Apel et al.)	Examiner:
)	Karl E. Group
Serial No. :	10/777,516)	
)	Art Unit:
Cnfrm. No. :	6431)	1755
)	
Filed :	February 12, 2004)	
)	
For :	BIOACTIVE RHENANITE GLASS CERAMIC)	

AMENDMENT UNDER 37 CFR §1.312

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Notice of Allowability, mailed May 3, 2005, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims beginning on page 2 of this paper.

Remarks begin on page 7 of this paper.

08/05/2005 NNGUYEN1 00000003 10777516

01 FC:1202

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